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The efficacy of knowledge management practices in selected public hospitals of Lagos State, Nigeria

Ogunbekun, Halimat Modupe ^{✉1} Lawal, Abdulazeez Abioye ^{✉2}
Akingbade, Waidi Adeniyi ^{✉3} Obamiro, John Kolade ^{✉4}
^{1 2 3 4} Lagos State University

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Abstract:

This study examines knowledge management (KM) practices and public healthcare workers’ performance in selected public hospitals, in Lagos State, Nigeria. The study adopted a cross-sectional research design; 641 public healthcare practitioners in Lagos State constituted the population of the study and a sample size of 241 was derived using the Rasoft table. The study employed a purposive sampling technique. Primary data were gathered through a self-administered questionnaire, and 197 copies were retrieved representing 81.7 % and later used for analysis. The study employed descriptive statistics and simple regression analysis to derive meaning from the data. The findings showed that knowledge acquisition has a significant effect on public health workers’ effectiveness ($\beta= 0.773, t = 11.221, p\text{-value}= .000$) and knowledge sharing has a significant effect on public health workers’ effectiveness i.e. public hospitals ($\beta= 0.698, t = 11.894, p\text{-value}= .000$). The study concludes that knowledge management (KM) significantly affects public health workers’ performance in Lagos public hospitals. The findings equally demonstrate KM as a strategic resource for effectiveness in public healthcare delivery. This study suggests that the Lagos State Government should continue to employ strategies and policies that encourage the acquisition of knowledge among health workers. In addition, health workers in public hospitals should continue to share their professional experience, skills, and ideas among themselves to offer more effective public medical service delivery.

Keywords:

knowledge management, knowledge acquisition, knowledge sharing, knowledge workers, public health workers’ performance

1. Introduction

Knowledge is a crucial asset of today's economy and the backbone of modern-day organizations. In today's global economy, knowledge has replaced physical, labor, and natural resources as the key source of sustainable development. Economic growth is no longer exclusively based on conventional factors of production as propounded in nineteenth-century theories, but also on the human capital provided by "knowledge workers" with innovative capabilities which results in the contemporary "knowledge society" (Ramy et al., 2018). The dynamics of personal judgment, values, capabilities, know-how, and techniques have created a new paradigm – the knowledge-driven innovation economy – in which organizations continue to adapt to environmental challenges for sustainable competitive advantage (Kordab et al., 2020). Hence, knowledge management (KM) is crucial in today's knowledge economy. It is an open fact that knowledge is a critical asset in organizations, and many institutions try to manage knowledge to maintain a competitive advantage. Knowledge Management (KM) enables organizations to transform data into information, information into knowledge, and significantly apply knowledge in achieving effective and efficient decision-making.

KM involves a series of professional practices that improve knowledge acquisition and sharing capabilities. An organization can achieve sustainable competitive advantage through effective acquisition, sharing, and utilization of knowledge. The KM discipline has three major components: people creating, sharing, and using knowledge; KM processes; and KM technologies. Efficiency and effectiveness are the primary goals of organizational management. To attain these goals, KM is paramount (Al Shatti et al., 2018). Although scientific knowledge and technological knowledge are essential for all organizations aspiring for competitive advantage and development, these forms of knowledge must be well managed to achieve organizational goals.

Healthcare organizations are institutions purposely established for the delivery of qualitative health services by a specialized workforce and depend on information. Knowledge-based institutions such as hospitals require enhanced focus on Knowledge Management (KM) for improved performance. (Sahibzada et al., 2022). Healthcare institutions require continuous research and collaborative efforts, and KM can serve as an effective strategy for successful collaboration and research (Veer Ramjeawon & Rowley, 2018; Iqbal et al., 2019; Sahibzada et al., 2019). Hence, knowledge is one of the most important resources for achieving a sustainable quality healthcare system.

The Nigerian healthcare delivery system consists of a network of primary, secondary, and tertiary systems. Several challenges affect Nigerian healthcare delivery that result in underserved healthcare delivery. Health facilities such as health centers, personnel, and medical equipment and resources are grossly inadequate. Despite the various reforms put forward by the successive Nigerian governments to address these challenges, healthcare delivery remains discouraging.

Globally, the health system has the potential to generate considerable political attention, but the amount of attention it receives varies across nations. However, the transformation of Nigeria's public health care system requires a sustainable information-rich, and patient-focused health system that reliably delivers high-quality care, provisions of accurate, efficient, and timely information, and combats possible health menaces, among others. Hence, ineffective planning and control in the public health sector can result in huge health insecurity and consequently affect national security.

Public health workers need to share knowledge, skills, experiences, and insights to achieve quality healthcare delivery. Healthcare providers depend on knowledge to provide quality services to their patients because the healthcare sector is knowledge-driven. Knowledge acquired and shared will enable healthcare providers to forestall future mistakes. In addition, the public health sector is highly dynamic and therefore requires constantly shared and updated knowledge (Adeyemi & Popoola, 2020). The World Health Organization (WHO) (2005) corroborated this position by noting that there are knowledge gaps among and within countries that can only be bridged by the development of an environment that facilitates the creation, sharing, and effective application of knowledge for improved healthcare delivery.

1.1 Statement of the Problem

An evaluation of extant literature on KM in healthcare institutions reveals some important research gaps that need to be filled. First, one of the major challenges undermining improved healthcare delivery is the absence of a robust healthcare information system (Almansur et al., 2023). Nigeria's healthcare system remains ineffective due to a lack of KM acquisition and sharing. Second, most studies on KM and firms' performance were carried out in developed and emerging economies (Shuhajat et al., 2019; Rehman, 2015; Hng et al., 2018). In addition, major existing studies on KM practices focused on the IT industry, telecommunications

industry, petroleum industry as well as academics (Shuhajat et al., 2019; Ayyatollahi & Zeratkar, 2019). A shift of research from the foregoing sectors to the public health sector is a recent development. Healthcare organizations are rich in data and KM offers a unique opportunity for conversion of these data into information to address the current challenges in the health sector for improved performance (Ayyatollahi & Zeratkar, 2019).

Third, in Nigeria public expectations are high on the level of preparedness, quality-of-service delivery, and attention to detail at public health facilities; yet, the effect of KM practices on performance in the public health sector remains largely under-researched. There is a dearth of empirical studies investigating the effect of knowledge management practices amongst public healthcare workers in the Nigerian context. This current study intends to fill this gap. Therefore, assessing the efficacy of KM practices on the performance of medical practitioners in Lagos State would further extend the frontiers of knowledge and contribute to existing literature. KM is applied in decision-making to enhance the effectiveness of the healthcare system with the appropriate strategy in knowledge for effective clinical decision-making.

To address the foregoing research gaps of KM in Nigeria's healthcare system, the study theoretically contributes to the existing literature by examining the level of knowledge sharing and knowledge acquisition in public health hospitals. The research subsequently further determined the efficacy of KM in these organizations. This would justify the need for encouraging KM practices in Nigeria's healthcare system. Given the limited research on KM practices in Nigerian hospitals, the study would significantly assist in clarifying Drucker's (1999) postulation on KM and Grant's (1996). Knowledge-Based View (KBV) considers knowledge as a critical organizational resource and the biggest of the twenty-first-century management challenges.

- 1) The general objective is to assess the impact of knowledge management practice on public health workers' effectiveness in selected public hospitals in Lagos State, Nigeria. Specifically, the study intends to:
- 2) Determine the impact of knowledge acquisition on public health workers' effectiveness in Lagos State.
- 3) Assess the effect of knowledge sharing on public health workers' effectiveness in Lagos State.

In light of the foregoing objectives, the following research questions will provide direction for the study:

RQ1: Does knowledge acquisition affect the effectiveness of public health workers in Lagos State, Nigeria?

RQ2: Is knowledge sharing useful for public health workers in Lagos State, Nigeria?

Consequently, the following hypotheses are proposed:

H₁: Knowledge acquisition does not have a significant impact on public health workers' effectiveness in Lagos State,

H₂: Knowledge sharing does not have a significant effect on public health workers' effectiveness in Lagos State.

1.2 Scope and Structure of the Paper

This study is limited in scope. The research focused on Lagos State public health staff acknowledged as knowledge workers. This restriction will affect the extent of the generalization of findings. However, the study will have theoretical and practical implications on the management of health care delivery.

The rest of this paper is structured as follows. First, the review of literature which entails conceptual, theoretical, and empirical review is discussed. Second, research methodology which includes research methods, description of the population, sampling plan, data collection, measures, and data analysis procedures are discussed. Third, results are presented and subsequently followed by the discussion of findings. Finally, the conclusion, recommendations, limitations, and suggestions for future studies are provided.

2. Review of literature

2.1 Conceptual review

Data are meaningless unless transformed into information by summarizing and arranging data into logical patterns. Information becomes knowledge for decision-making. In a broad sense, knowledge management (KM) is "a management paradigm that includes concerted, coordinated, and deliberate efforts to manage the organizational knowledge through processes for identifying and leveraging it to enhance the organization's ability to compete" (Ajanaku & Mutula, 2018, 41).

Ayyatollahi and Zeratkar (2019) defined KM as the art of transforming information and intellectual assets into enduring value for a healthcare organization and its clients; a dynamic process that creates internal knowledge, acquires external knowledge, stores knowledge in documents, and updates the knowledge. KM processes are conceived as activities associated with knowledge creation, acquisition, storage, sharing, and utilization required to enhance organizational effectiveness and competitiveness in the contemporary global environment (Barley et al., 2018; Iqbal et al., 2019; Teixeira et al., 2018) In light of the extant literature, Dalkir (2011) proposed an integrated KM cycle generally represented by three interrelated activities: knowledge creation, knowledge sharing, and knowledge application (Ayyatollahi & Zeratkar, 2019). Meanwhile, for this study, the measurement of KM Practices will be assessed from two dimensions: knowledge acquisition and knowledge sharing.

Knowledge acquisition (KA) is the generation of knowledge from various internal and external sources. The techniques of KA include experiences, documentation, interviews, strategic alliances training and development, and research and development (Akeke et al. 2023). Knowledge sharing (KS) refers to the exchange of knowledge among the various knowledge units in an organization. The purpose is to assemble knowledge sources and maneuver them into new structures, or routines. The efficacy of KS is determined by the extent to which knowledge is created in the recipient (Gao et al., 2018). KS is more important than knowledge creation as knowledge in employees is of no importance until it is shared and applied (Al-Husseini & Elbeltagi, 2015). Public sector organizations may not necessarily need to coordinate knowledge but simply require to know what others know (Smith, 2016).

KM literature classifies knowledge into tacit and explicit knowledge (Ayyatollahi & Zeratkar, 2019). Rules, procedures, policies, practices, and methods documented in textbooks and manuals are explicit knowledge and managed through the document management system. The embedded knowledge – which is experimental, subconsciously understood, and difficult to articulate – is tacit knowledge. Therefore, explicit knowledge is accessible and sharable, and tacit knowledge is inaccessible and difficult to share. Primarily tacit knowledge is shared through interactions amongst people, is largely voluntary, and depends on the direction of group members.

Organizational performance (OP) constitutes one of the most important issues in organization and management research. It is an essential requirement for all organizations irrespective of objectives as it affects the organizational ability to manage effectiveness, efficiency, customer value, and competitiveness (Abualoush et al., 2018; Jaber & Nashwan, 2022). OP is the ability

of an organization to accomplish predetermined objectives such as financial benefits, profitability, survival, growth organizational learning, and environmental sustainability. (Abubakar et al., 2019).

Medical personnel constitute the bulk of healthcare professionals and play a vital role in healthcare delivery. The performance of this category of workers is crucial for the identification of areas of improvement and the adoption of corrective and preventive measures (Alan, 2022). Measuring KM and its effectiveness in public health is a crucial concern of health institutions. Public health performance is a complex and multi-dimensional concept and there is the absence of a comprehensive performance framework for the health care industry. Nevertheless, some of the commonly cited healthcare performance dimensions include safety, timeliness, effectiveness, efficiency, equity, and patient-centeredness (Ajanaku & Mutula, 2018). The patient-centeredness ensures that care is based on the needs and desires of individual patients and guides all clinical decisions; closing the gap between justice and healthcare is equity. Health care should not be influenced by the personal characteristics of the patient such as gender, ethnicity, geographic location, and socio-economic status; healthcare that is not wasteful is efficient; effectiveness deals with matching science to care; avoidance of delays within the healthcare system is timeliness. For this study, public healthcare workers' performance will be measured by adapting the operational definition of Ajanaku and Mutula (2018).

2.2 Theoretical Review

KM perspectives emerged as a theoretical field from the convergence of growth theory and the knowledge management movement. Knowledge management as a movement evolved from business to identify, value, and capitalize all requirements of value creation, prominently knowledge-based. Subsequently, the KM movement extended to individuals, organizations, and social knowledge-based institutions (Ayatollahi & Zeraatkar, 2019). KM theory is closely linked with the Resource Base View (RBV) on the rationale that knowledge is one of the unique and inimitable resources required for achieving competitive advantage. This led to the evolution of the knowledge-based theory of the firm. The Knowledge-Based View (KBV) theory regards the knowledge repository of organizations to be the most important strategic resource because of its uniqueness and inimitability and therefore recognizes their significant impact in achieving competitive advantage (Imhanzenobe et al., 2021).

KBV incorporates the idea of RBV that knowledge assets are significant, unique, and scarce (Grant 1996). In addition, the theory considers organizational knowledge as a strategic asset required for effective performance and sustainable competitive advantage (Grant, 1996). Hence, sustainable performance is attainable only in organizations with effective knowledge management (Zack et al., 2009). However, the present study maintains that KM practices lead to improved organizational performance.

2.3 Empirical Review

Knowledge is an essential factor for sustainable competitive advantage and organizational success in the dynamic global environment. (Masa'deh et al., 2017). KM improves the performance of healthcare institutions through research and developmental activities (Masa'deh et al., 2017). The efficacy of KM in organizations can only manifest knowledge employed in value creation (Wiig, 1999). Thus, organizational performance is achievable through the effective application of KM practices (Alavi & Leidner, 2001). In healthcare institutions KM practices are required for research and collaboration to achieve quality healthcare delivery. The KBV posits Knowledge-related resources as strategic to organization performance and sustainable competitive advantage. Hence, KM practices are vital for enhancing the learning, decision-making, productivity, and profitability of knowledge-based organizations (Iqbal et al., 2019).

Meanwhile, empirical results on the efficacy of KM practices have been mixed. Some findings have revealed the positive effect of KM practices on the performance improvement of well-managed organizations. Studies conducted by Ngah et al. (2016) and Shahzad et al. (2016) confirmed a significant and positive relationship between KM processes and OP. Also, Ahmad et al. (2017) and Iqbal et al. (2019) reported a positive and direct relationship between KM practices and higher educational institutional performance. Research on the efficacy of knowledge management by Shuhajat et al. (2019) focused on the mediating role of knowledge worker productivity on the relationship between knowledge management processes and innovation. The result indicated that knowledge–worker productivity mediated significantly between two knowledge management processes: knowledge attraction and knowledge utilization and innovation. However, knowledge–worker productivity does not significantly mediate between knowledge sharing and innovation. Meanwhile, a recent study of KM on Nigerian small and medium enterprises indicated a negative impact of KM on organizational performance (Akeke et al., 2023).

Hng et al. (2018) study was conducted in a hospital environment by exploring the knowledge management practices towards Tuberculosis (TB) and factors associated with it among nurses in a teaching hospital. The findings suggested a gap in the level of knowledge and practice among nurses regarding the management of Tuberculosis (TB). The majority of the nurses have a high level of knowledge and practice. The demographic characteristics of age, educational level, and service year were found to have little significant association with the level of knowledge and practice of TB, while the workplace setting was the only demographic factor found significantly associated with the level of knowledge and practice.

The forgoing studies indicated conflicting findings on the efficacy of KM in organizations. This can be attributed to some limitations like the sectors analyzed and the geographic area where the studies were conducted. To examine empirically the efficacy of KA and KS on sustainable organizational performance in Nigerian public healthcare, exploratory research is required.

The knowledge management practices improve workers performance (Drucker, 1999). Improvement in workers' performance in knowledge-driven institutions such as the public health sector will enhance organizational performance and sustainable competitive advantage (Westover et al., 2010). The majority of studies on KM practices and organizational performance have demonstrated a significant positive relationship between these variables. Empirical studies conducted by Butt et al. (2018) on the impact of individual knowledge management engagement on the productivity of knowledge workers revealed a significant impact of KM practices on innovation. However, there exist limited studies in the healthcare sector.

3. Research Methodology

3.1 Research Setting

The study was conducted in Lagos State, Nigeria. Lagos State is home to one of the world's top twenty most populous cities. It is Africa's largest city, with a population of over 24 million and a land area of 3577 km². On the Southwestern coast of Nigeria, Lagos State geographically lies between Longitudes 2°42'E and 3°42'E and Latitudes 6°22'N and 6°52'N. Lagos State has five divisions: Ikeja, Badagry, Ikorodu, Lagos, and Epe. The state has twenty (20) Local Government Areas (LGAs) and thirty-seven (37) Local Council Development Areas (LCDAs) for structured and comprehensive governance. The selection of Lagos was based on the cosmopolitan nature of the State. Lagos state has a diverse population, including foreigners

and Nigerians from different tribes. Religious diversity is also rich; the State has many Muslims, Christians, and other faiths.

Healthcare management is part of the THEMES agenda of the state. The acronym stands for Transportation and Traffic Management; Health and Environment; Education and Technology; Making Lagos State a 21st Century Megacity, Entertainment & Tourism; and Security & Governance. Lagos State healthcare delivery is blessed with over 10,000 skilled health workers offering healthcare services across 3 tertiary hospitals, 26 public secondary hospitals, 333 primary healthcare centers, and 2886 private facilities (Olaniran et al., 2022).

3.2 Research Design

A cross-sectional research design was adopted. The design was adopted because the data were collected from the respondents across the sampled public hospitals selected at a single time. As the name suggests, a cross-sectional study aims to obtain a representative sample by taking a cross-section of the study population (Sedgwick, 2015). The population of the study comprises 614 Pharmacists, Doctors, Nurses, Laboratory Scientists, Dentists, and Physiotherapists (Senior and Management level Medical Practitioners) who are considered knowledge workers in the hospital environment (Moussa et al., 2017).

3.3 Population and Sampling Plan

The samples were drawn from three purposively selected public hospitals in Lagos State. The sampled hospitals were chosen based on size and high concentration of hospital professionals. The population distribution of these hospitals is shown in Table 1 below.

Table 1. The population of study

No	Selected Public Hospitals	Population
1.	Folarin Coker Hospital	94
2.	General Hospital(ODAN)	427
3.	Onikan Health Center	93
Total		614

Source: Lagos Statistical Fact Book

The Raosoft table for sample size determination was used to determine the sample size for the study. From the population of 614, 241 were identified as the sample size for the study which covers the medical practitioners across the three selected hospitals. The medical practitioners were to be covered because of the objectives that this study intends to achieve. The sample size for each hospital is shown in Table 2 below:

Table 2. The sample size for each hospital

No	Selected Public Hospitals	Population
1.	Folarin Coker Hospital	37
2.	General Hospital(ODAN)	168
3.	Onikan Health Center	36
Total		241

Source: own elaboration

3.4 Measures

Given the descriptive nature of the research, previous measurement scales were used by adapting Rehman et al. (2015). The questionnaire designed for data collection was titled: “Research Instrument on the Efficacy of Knowledge Management Practices in Public Hospital of Lagos State, Nigeria”. It consists of four parts (A, B, C, and D.) The parts measure demographics, knowledge acquisition, knowledge sharing, and health workers' effectiveness. The response format is a five-point Likert scale: 5=strongly agree, 4=agree, 3=undecided, 2=disagree and 1=strongly disagree. The items in the questionnaire are 21 items with each variable – knowledge acquisition, knowledge sharing, and public health workers’ effectiveness – having seven items. Thus, the primary source of data collection via a structured questionnaire was employed.

In addition, the questionnaire was pre-tested on 30 healthcare workers to validate the instrument. The study used Cronbach’s Alpha to ascertain the reliability of the research instrument. Generally, a reliability value of 0.70 is regarded as good. Hence, the results in Table 3 demonstrate the reliability of the instrument is adequate (Barbera et al., 2021). To improve the content validity of the instrument, the questionnaire was administered to experts, and

suggestions were incorporated into the final draft. Data generated from the field were analyzed using simple regression with the assistance of Software Package for Social Science (SPSS).

Table 3. Reliability Test of Data using Cronbach’s Alpha

Variables	Reliability Test	No. of items
Knowledge Acquisition	0.720	7
Knowledge Sharing	0.743	7
Workers’ Effectiveness	0.878	7

Source: own elaboration

Table 3 shows the reliability of the data obtained from the respondents. The reliability coefficients of the study variables are above 0.70 indicating that the instrument used for measuring variables in this study is reliable. Two hundred and forty-one copies of the questionnaires were administered to public health practitioners across three hospitals and 197 copies were retrieved representing 81.7% and subsequently used for analysis.

4. Results

The study employed descriptive and inferential statistical techniques to achieve its objectives. The descriptive analysis includes frequencies, percentages, mean, and standard deviations. Regression analysis was employed to test the hypotheses.

4.1 Demographic Profile of Respondents

The results of the analysis of the demographic variables are provided in Table 4 below. The essence of this analysis is to assess the profile of respondents to determine their ability to respond to measures of KM practices and organization performance in public hospitals.

Table 4. Demographic Details of the Respondents N 241

Responses	Frequency	Percentage (%)	
Gender	Male	42	21.3
	Female	155	78.7
Age	20-39 years	54	67.0

	40-49 years	41	20.8
	50 years and above	24	12.2
Marital Status	Single	66	33.5
	Married	131	66.5
Qualifications	Professional Qualification	54	27.4
	OND/NCE/HND/MBBS	96	48.7
	Postgraduate	47	23.9
Employment Status	Management Level	59	29.9
	Senior Staff	138	70.1
Years of Experience	5-10 years	108	78.7
	11-15 years	24	12.2
	Above 15 years	18	9.1
Profession	Nurses and Midwives	122	50.5
	Doctors and Dentists	25	10.5
	Medical Lab Scientists	15	5.7
	Pharmacists	25	10.3
	Community Health Workers	24	10
	Others	31	13

Source: own elaboration

Table 4 displays the demographic details of the respondents for this study. The gender distribution of the 241 sampled respondents was 29.9% males and 78.7% females. Most of the healthcare providers, approximately 88.8%, fell within the age range of 20-50 years. Out of the 241 healthcare providers, 50.5% were nurses and midwives representing the highest number of healthcare providers that participated in the study. Doctors and dentists constituted 10.5%, medical laboratory scientists accounted for 5.7%, pharmacists were 10.3%, community health officers included in the sample were 10%, and other categories of healthcare workers were 13%. In terms of work experience, the majority of the respondents had 5 to 10 years. The foregoing

analysis attests to the competency of sampled respondents in providing the requisite information for answering research questions and testing hypotheses.

4.2 Test of Hypotheses

The hypotheses of the study were tested using regression analysis. Knowledge acquisition and knowledge sharing are independent variables while public health workers' performance is the dependent variable in the Regression model. Tables 5 and 6 below display the result of the hypotheses testing at a 0.05 significance level (95% confidence level).

Hypothesis One: *Knowledge acquisition does not have a significant impact on Public Health Workers' Effectiveness in Lagos State*

Table 5. Knowledge Acquisition and Workers' Effectiveness

	R ²	β	T-statistics	p-value
Knowledge Acquisition	0.392	0.773	11.221	0.000

Table 5 shows the model summary of the hypothesis. It shows that 39.2% (R-Square= .392) of the variations in the effectiveness of public health workers can be explained by knowledge acquisition. The results imply that there is a positive and significant effect of knowledge acquisition on the effectiveness of public health workers ($\beta = 0.773$, $t = 11.221$, $p\text{-value} = .000$).

Hypothesis Two: *Knowledge sharing does not have a significant effect on public health workers' effectiveness in Lagos State.*

Table 6. Knowledge Sharing and Workers' Effectiveness

	R ²	β	T-statistics	p-value
Knowledge Sharing	0.420	0.698	11.894	0.000

The results of this study reveal that knowledge sharing does have a significant effect on public health workers' effectiveness, shown in Table 6. It is indicated that 42% of the variations in public health workers' effectiveness are caused by knowledge sharing. It has also shown that

knowledge sharing has a positive and significant effect on public health workers' effectiveness. ($\beta = 0.698$, $t = 11.894$, $p\text{-value} = .000$)

The results in hypotheses 1 and 2 indicate that 39.2% (R-Square= .392) of the changes in the effectiveness of the public health workers are explained by knowledge acquisition and 42% of the variations in public health workers' effectiveness are caused by knowledge sharing, respectively. These findings imply that KM is a strong predictor of organizational performance and, hence, an imperative tool that can be used to solve issues of ineffectiveness in Nigerian public hospitals.

5. Discussion

The service sector in general and the healthcare sector are regarded as dynamic and knowledge-driven (Iqbal et al., 2019). The dynamic nature of health challenges faced by patients requires health workers to continuously create, acquire, store, share, and utilize the knowledge to generate possible solutions for quality healthcare delivery. The findings of this study confirm the results of research conducted by Abass (2020) asserting that knowledge acquisition is a predictor of organizational effectiveness, particularly in corporate environments, and economic sustainability.

Meanwhile, the findings of the study indicated that the public health workers under study were more predisposed to knowledge-sharing practices than knowledge-acquisition practices. In addition, the findings revealed that knowledge-sharing practices enhanced the medical practitioners' effectiveness more than knowledge-acquisition practices. Of the two indicators employed in the study, knowledge sharing has the strongest influence on medical practitioners' performance. This demonstrates the importance of knowledge sharing as an enabler of effective KM, particularly as a facilitator for managing knowledge processes. As noted in the literature, knowledge sharing is more significant than knowledge generation as knowledge bulks reside in an employee and are of no importance until they are shared and applied.

Furthermore, the study reveals a decline in the number of highly experienced medical practitioners (>10% with < 15 years of experience). This may be connected with the high emigration rate and brain drain of highly skilled medical specialists and consultants from the

public health sector in search of greener pastures in private practices and overseas. Substantial improvements in KM practices have a well-established role to play in leveraging knowledge processes for continuous improvement in the Nigerian public healthcare delivery system and reducing medical errors to the barest minimum.

6. Conclusion, implications, limitations, and future research directions

6.1 Conclusions

The present state of the world economy is demanding organizations with skills and talents to add to the growth of the knowledge economy. Contemporary healthcare institutions are knowledge organizations that operate based on facts, data, and information. Hence, they are operationally and strategically positioned to apply KM and can benefit from KM processes to achieve sustainable competitive advantages. Using tacit and explicit knowledge healthcare professionals can make effective decisions. Ultimately, healthcare organizations will offer effective and efficient healthcare services (Ayyatollahi & Zeratkar, 2019).

In this study, a survey of 241 health professionals in public healthcare was undertaken to determine the efficacy of KM. The results of the study revealed that KM is essential for achieving organizational goals. This study establishes that the acquisition and sharing of knowledge enhance the effectiveness of employees in discharging their obligated duties in the Lagos State health sector. This demonstrates the reasons for improved quality in the health care delivery service of the State. The Lagos State government adopts different approaches that encourage and enhance knowledge acquisition leading to effective performance. In addition, there are platforms (physical and virtual) in the State health sector for exchanges of ideas, skills, and experiences among health practitioners.

6.2 Research Implications

This study has some significant implications. The research to some extent is novel because it fills the highlighted gap and projects KBV theory and Drucker theory explaining the efficacy of KM in healthcare institutions. Theoretically, the impact of KM on the organizational performance of healthcare institutions is empirically validated. Second, it contributes to the stream of KM literature. Third, the study adds to the scanty studies on KM in Nigeria's health sector. KM practices can be considered to be critical factors for improved performance in

public hospitals. Practically, the study offers guidance for public hospital management KM practices within the organization. Policymakers and managers of healthcare institutions should create an enabling environment to encourage, shape, and sustain KM practices among health workers. More importantly, top management of these institutions should formulating well-structured vision and strategy that align with knowledge creation, acquisition, storage, sharing, and utilization.

Based on the foregoing, the study recommends that the Lagos State government should continue to employ strategies, initiate policies, and programs, and strengthen practices that encourage the acquisition and sharing of knowledge among the health workers in the state. Consequently, there is a dire need for the government to introduce/strengthen already existing SharePoint platforms (physical and virtual) in the State health sector for the diffusion and exchange of localized ideas, skills, and experiences among health practitioners in the state so that even the weakest of every team link can leverage upon. In addition, periodic review, monitoring, and follow-up on feedback should be systemized for continuous improvement and sustainable effective medical service delivery to the public.

6.3 Limitations and future research directions

It is worth noting that there are limitations in the current research that should be noted. First is the use of self-reporting measurements. This may lead to common method bias of generated data on dependent and independent variables. Future studies should adopt a more elaborate measurement of organizational performance in the health sector for robust investigation. Second, the cross-sectional design of the study will not allow for drawing causal conclusions. Future research could use a longitudinal or experimental design to test the causal relationship between knowledge management and public workers' performance. Third, the study sample size is relatively small, raising concerns about the robustness of the results. Future research replicating the study should enlarge the sample size health and use different organizational settings. The use of selected convenience sampling from a limited number of public hospitals in Lagos State, Nigeria may lead to sample bias and limit the generalizability of the results. Therefore, random sampling with a larger sample and even a multi-group analysis may improve the generalizability of results to compare and comprehend the KM practices' efficacy.

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